UNITED
NATIONS

E

Economic and Social Council

Distr.
GENERAL

E/ICEF/1992/5
3 March 1992

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Executive Board
1992 session

FOR INFORMATION

PROGRAMME DEVELOPMENT IN THE EASTERN AND SOUTHERN AFRICA REGION

The present document reports on and analyses major new trends and developments in UNICEF programme cooperation in the Eastern and Southern Africa region during 1991.

The UNICEF regional office has responsibility for UNICEF cooperation in the following countries: Angola, Botswana, Burundi, Comoros, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Sao Tome and Principe, Seychelles, Somalia, Swaziland, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

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I. REGIONAL OVERVIEW

1. Annual growth rates of gross national product (GNP) per capita remained negative for most countries in the Eastern and Southern Africa region during 1990. Debt service continued to consume significant percentages of export earnings, while external resource flows to the region remained disappointing. The prices of the countries' main export commodities continued to fall, while those of their main imports continued to rise. At the same time, growing unemployment and falling per capita consumption continued to accompany a sharp decline in social spending, indicating that the number of poor will continue to increase.

2. Political developments have been both encouraging and disappointing. The peace in Angola was encouraging, as were the democratic elections in Zambia, South Africa's progress towards majority government and the winding down of South Africa's destabilization programme in southern Africa. However, many conflicts continued to plague the region. Banditry still disrupts the delivery of social services in Mozambique and Rwanda. The struggle for greater democratization has caused political instability in Madagascar. In Ethiopia and Somalia, civil war disrupted services, destroyed infrastructure and killed and dislocated many millions of people.

II. PROGRAMMES

A. Health

3. By September 1991, 12 countries (Botswana, Burundi, Comoros, Lesotho, Malawi, Mauritius, Rwanda, Seychelles, Swaziland, United Republic of Tanzania, Zambia and Zimbabwe) had met the universal child immunization (UCI) target of 75 per cent coverage for three doses of combined diphtheria/pertussis/tetanus vaccine (DPT3) for infants, with the coverage for the region as a whole standing at 81 per cent for anti-tuberculosis vaccine, 67 per cent for DPT3 and 60 per cent for measles vaccine. Unfortunately, national UCI is still several years away in Madagascar and in the war-affected countries of Angola, Ethiopia, Mozambique, Namibia, Somalia and Uganda, where UCI achievements have been limited to capital cities and other accessible populations. In addition, coverage of two doses of tetanus toxoid vaccine for pregnant women seems to have stagnated. As economies weaken further and as donor and political commitment to UCI declines, sustaining coverage levels will present an enormous challenge for the future.

4. National programmes for the control of diarrhoeal diseases (CDD) exist in all countries in the region, but results have suffered because of poor health education, low training coverage, inadequate case management and unreliable, but improved, supplies of oral rehydration salts (ORS) sachets. Few programmes focus on the management of chronic diarrhoea, a major health problem in the region, and few include long-term preparations for a cholera outbreak, which partly explains a cholera fatality rate in Zambia that is 15 times higher than in Peru.

5. It is estimated that fewer than 40 per cent of countries in the region have operational national programmes for the control of acute respiratory infections (ARIs) and that fewer than 12 per cent of childhood pneumonia cases are properly treated with effective and inexpensive antibiotics.

6. Several countries (Malawi, Namibia, United Republic of Tanzania and Zimbabwe) are developing or improving national anti-malaria programmes, although some of the most heavily affected (Kenya and Uganda) have not yet made major interventions. Programmes include improving diagnosis, treatment and access to treatment; retarding parasite transmission; promoting malaria-focused information; and managing the environment in order to control mosquito breeding.

7. Current national estimates of the incidence of human immune deficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) range from 2.2 per cent in Botswana to more than 9 per cent in Malawi and Uganda, where AIDS is the leading cause of adult deaths. Most countries have established programmes for disseminating correct information about HIV/AIDS and helping people (especially teenagers) to protect themselves from HIV transmission. This is typically the focus of UNICEF assistance. In addition, Malawi and Uganda are promoting safe blood transfusions and Kenya is focusing on care and counselling for HIV carriers and their families.

8. With UNICEF assistance, many countries are developing safe motherhood practices. In some countries, the distribution of anti-malaria drugs, anti-anaemia drugs, maternal and child health (MCH) kits and kits for trained birth attendants is supplementing routine MCH training programmes. None the less, few countries have effectively linked safe motherhood initiatives with programmes to empower women and improve their general health and nutrition levels.

9. The principles of the Bamako Initiative are being incorporated into the primary health care (PHC) programmes of most countries in the region. In Burundi and Kenya, decentralization has been implemented in selected locations where planning and spending originate from community health committees. Kenya, Lesotho, Namibia and Swaziland have initiated cost-recovery through the introduction of user fees, while Lesotho, Malawi, Rwanda, Swaziland, the United Republic of Tanzania and Zambia have established national formularies for essential drugs. Preliminary reports from the evaluation of the initiative by the Overseas Development Administration (United Kingdom) in Burundi, Kenya and Uganda are very encouraging.

B. Household food security and nutrition

10. In the past year the new UNICEF nutrition strategy has been actively promoted. At least five countries have developed programmes for achieving the global nutrition goals and six have created innovative area-based programmes with a nutritional impact. There has also been progress in improving nutrition surveillance systems in eight countries.

11. In seven countries (Burundi, Ethiopia, Madagascar, Malawi, Mozambique, Uganda and United Republic of Tanzania), post-natal malnutrition exceeds 30 per cent. Intra-uterine malnutrition - reflecting maternal nutrition levels - ranges from 14 to 17 per cent in seven countries and reached 20 per cent in Malawi and Mozambique. Moreover, chronic malnutrition affected more than 55 per cent of children under five years of age in Burundi, Madagascar, Malawi and Mozambique, which recorded some of the highest figures in the world.

12. All but eight countries reported declines in their average annual harvests of food crops this season, with Angola, Ethiopia, Lesotho, Madagascar, Somalia and, for the first time, Zimbabwe reporting large declines, creating high risks of food shortages. Emergency food and nutrition programmes are still needed in Angola and Mozambique, while in Ethiopia and Somalia only a massive international relief programme will be able to avert widespread famine in 1992.

13. Many countries have initiated iodine deficiency disorder control programmes, with actions varying from assessment of prevalence to programme implementation (with iodine oil distribution in Mozambique and salt iodization in Ethiopia and Zimbabwe). The few countries with vitamin A deficiency control programmes continue to favour the distribution of capsules over the regular ingestion of local foods rich in vitamin A. Iron-deficiency anaemia remains relatively neglected.

C. Water supply and sanitation

14. UNICEF assistance to national programmes for constructing, maintaining and rehabilitating water supplies uniformly emphasizes low-cost technologies (hand-pumps, spring protection, water-catchment tanks) that can be maintained with local skills and materials. The achievement of construction targets ranges from below 50 per cent (in countries with emergency programmes) to over 90 per cent (Uganda). Since water supply projects are often part of area-based programmes, as in Kenya, Malawi, Namibia and Uganda, they generally enjoy high levels of community funding. In most countries, UNICEF-assisted sanitation programmes are moving away from exclusive preoccupation with ventilated improved pit latrines to increased emphasis on hygiene training and education.

D. Basic education and early childhood development

15. The representatives' consultation on education for all and the regional education for all training workshop trained UNICEF officers in programming for basic education. In Angola, Botswana, Burundi, Zambia and Zimbabwe, round-table discussions focused on identifying educational priorities, mobilizing partners and obtaining external resources. Several countries are experimenting with community-based programmes: Swaziland has translated Facts for Life into measurable learning units; Kenya has developed alternative venues and curricula for educating street children; and Botswana and Lesotho

have done the same for herdboys and female primary-school drop-outs respectively.

16. Cost-effective programmes for improving early childhood care and development are also being initiated. Lesotho, Malawi, Swaziland, the United Republic of Tanzania and Zimbabwe are educating caregivers to inculcate responsible attitudes and to enhance the use of service programmes. Botswana has initiated a child-to-child programme and Kenya has introduced early childhood programmes into its Koranic schools. The regional office has analysed and documented innovative and replicable programmes. In addition, networks on basic education and early childhood care and development have been established.

E. Women's development

17. Although girls do not seem to suffer large disparities in health and nutrition compared to boys, girls are valued less, receive less food (and less nourishing food), suffer more harmful traditional practices and have a heavier workload and fewer educational opportunities. Several country offices are beginning to address these issues, mostly by collecting gender-disaggregated data to bridge information gaps.

18. Many country offices are supporting women's economic activities directly or indirectly by undertaking feasibility studies, supporting day-care centres or promoting women's participation in community programmes. Two countries (Kenya and United Republic of Tanzania) have developed savings and credit schemes. Others are supporting women's income-generating activities in the context of household food security (Lesotho, Mauritius and Namibia) or as part of an area-based programme (Mozambique, Namibia and United Republic of Tanzania).

19. Health services for girls and women are found chiefly in safe motherhood, family planning and MCH initiatives. Education programmes are less common, with Kenya, Mozambique and Zimbabwe reporting some progress. Excepting Namibia and Mauritius, few programmes specifically address the problems of girls and women in difficult circumstances, even though many offices report that prostitution and teenage pregnancy resulting in school drop-outs are common problems.

F. Monitoring and evaluation

20. Monitoring the global goals for children in the 1990s and supporting Governments in developing and implementing national programmes of action has become a critical UNICEF concern. All countries in the region are developing such programmes and Namibia was the first to finalize one. Several countries have adopted additional goals reflecting national priorities (e.g. controlling AIDS and malaria) and several expect to set some achievement targets beyond the year 2000 because of low baselines, high resource requirements and, in

several cases, the impact of AIDS and malaria. A key constraint to monitoring the goals remains the lack of reliable baseline data.

G. Emergencies

21. Emergency conditions persist in Angola, Ethiopia, Mozambique and Somalia. In Angola, at peace since May 1991, UNICEF is providing essential relief materials, helping to regenerate agricultural production and strengthening the capacity of its principal operational partner, the State Secretariat for Social Affairs, to receive, store and distribute emergency relief supplies. In Mozambique, UNICEF has played a key role in the United Nations post-war support and drought relief assistance programmes. In Ethiopia, it is providing medical and water supply relief to 6 million children and women in former conflict- and drought-affected areas to large numbers of displaced persons in Addis Ababa and to thousands of demobilized soldiers and their dependants. In Somalia, where 2.5 million children and women are affected by the civil war, the evacuation of UNICEF international staff to Nairobi and the looting of every UNICEF office but one has necessitated routing emergency relief supplies through Djibouti and Mombasa for distribution by non-governmental organizations (NGOs). The newly established Special Emergency Programme for the Horn of Africa, with staff seconded from the United Nations Development Programme (UNDP), UNICEF, the Office of the United Nations High Commissioner for Refugees (UNHCR), the Food and Agriculture Organization of the United Nations (FAO), the World Food Programme (WFP) and the World Health Organization (WHO), now coordinates inter-agency programmes responding to emergencies in that subregion.

H. Policy Monitoring Unit

22. The Policy Monitoring Unit monitors the changes taking place in the southern African subregion as a result of political changes in South Africa, assesses their implications for women and children and recommends actions to UNICEF decision makers. Its four publications include a monthly analysis of developments in South Africa and a semi-annual report on trends in the southern African subregion. The Unit also undertakes programme-related research in areas having a wider regional interest (e.g., a UCI cost-reduction study in the United Republic of Tanzania). Finally, it has provided technical support to a group of South African democratic and non-racial NGOs preparing a situation analysis on children and women in South Africa.

III. EXTERNAL RELATIONS

23. Eighteen Governments participated in the World Summit for Children, 13 have signed the Summit Declaration and Plan of Action and 12 have ratified the Convention on the Rights of the Child. Mozambique, Namibia and the United Republic of Tanzania have tried to integrate the Convention into national law. Since 1989, the Organization of African Unity (OAU) has adopted 12 resolutions that relate to children and are, therefore, of interest to UNICEF,

as well as a resolution on organizing a donor conference for African children late in 1992. With two exceptions, all countries in the region celebrated the Day of the African Child. Many heads of State used the occasion to publicize the Convention and the Summit and to pledge themselves to include the needs of children among national development priorities.

24. The annual Information and Education for Development Workshop of the National Committees for UNICEF, the first such meeting to be held in Africa, improved understanding between UNICEF field offices and National Committees and demonstrated the Committees' priority commitment to Africa.

25. Several country offices reported extensive collaboration with religious groups. The All Africa Conference of Churches has collaborated with UNICEF to prepare a Christian education study kit outlining the theological basis of child survival, protection and development to enable preachers to address such issues. The Association of Member Episcopal Conferences of Eastern Africa and the Interregional Meetings of Bishops of Southern Africa are collaborating with UNICEF to prepare for the 1994 Bishops' Synod. UNICEF is also supporting a symposium with Islamic leaders on child survival, protection and development, to be held in 1992.

IV. PROGRAMME AND POLICY DEVELOPMENT

26. Six UNICEF regional networks met in the past year. The HIV/AIDS network discussed the needs of children in AIDS-affected families, focusing on infants born with HIV, AIDS orphans and street children. The malaria network discussed various control strategies, including the provision of anti-malaria drugs and the reduction of parasite transmission through the use of bed-nets, insect repellents and vector control. The household food security and nutrition network held an intensive training workshop concerning the new UNICEF nutrition strategy and then met again to solve problems encountered in implementing the strategy at the country level. The women's development network made a first attempt to link in a practical way the policy, programme and training components of overall UNICEF concerns with issues of women and development. The network focusing on adjustment with a human face and the financing of services examined the problem of external debt as well as country experiences with programmes designed to mitigate the negative impact of adjustment. Finally, the management information systems network met twice to implement plans for improving electronic data-processing (EDP) systems, focusing on the enhanced global field support services package that was scheduled for release in January 1992.

27. A nearly completed regional analysis of area-based programmes in seven countries shows that multifocal, officer-supported and community-based programmes that balance economic and social sector projects are most likely to be successful. A study on community participation reviewed the effectiveness of a wide range of community-based organizations such as women's groups, welfare societies, agricultural cooperatives and savings and credit associations in eight countries and will conclude with a regional report and a

workshop. Cost-analysis studies of Kenya's community-based programmes, Somalia's essential drugs programme and Zambia's UCI programme have been completed. A paper analysing different credit and savings programmes for women has been published and distributed to country offices. Locally prepared case studies of internally displaced children in Ethiopia, Mozambique and Somalia served as key inputs to a regional report on displaced children. There are two studies on the use of home fluids for the management of diarrhoea: an ongoing study involving burnt rice water, a home fluid incorporated into Madagascar's CDD programme; and a completed study involving the use of coconut water for rehydration in Comoros and of water and coconut pulp for feeding in Madagascar. Botswana, Lesotho and Swaziland are participating in a study of gender perspectives of the Convention on the Rights of the Child, aiming to identify priority areas for advocacy for reformation of the legal system. The Educational Research Network of Eastern and Southern Africa and the African Women's Communication and Development Network are preparing a study of the girl-child and disparities in education based on a general situation analysis involving eight countries and on detailed case studies from Botswana, Kenya and Madagascar. Finally, eight countries are participating in a household food security study which aims to stimulate sensitization and to mobilize resources for addressing that problem in each participating country.

28. In 1991, there were 11 training workshops at the regional and subregional levels in the following areas: education for all; programme processes; social mobilization; participatory development; training for trainers; and programme information management systems.

V. MANAGEMENT AND OPERATIONS

29. In addition to straining staff both physically and psychologically, political instability in many countries has limited the ability of many offices to assess country situations fully and to adopt meaningful country priorities. It remains difficult to recruit international Professional staff for assignment to countries affected by internal conflict such as Angola, Madagascar, Mozambique, Rwanda and Somalia.

30. Five country offices, the Regional Office and the Nairobi office of Operation Lifeline Sudan were audited in 1991, and in general their operations were judged to be satisfactory. Supply operations in the region are in fairly good order, given the number of countries under emergency conditions, but some country offices need to strengthen their capacities in this area. The Regional Office contributed 397 person days of support in programme development as well as management and operations to country offices during the period under review.